

## N. CATARRHALIS INFECTION IN HUSBAND AND WIFE\*

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The presence of *Neisseria*, other than the gonococcus, in specimens obtained from the genitalia is an occasional cause of difficulty in diagnosis. A recent case report (Fluker, 1961) is a good example of this difficulty. A somewhat similar case is reported below.

### Case Report

An English multipara, aged 31 years, first attended the Special Clinic at St. Thomas' Hospital on April 13, 1961, with excessive vaginal discharge. She admitted only marital sexual intercourse. Urethral and cervical smears and cultures were negative and no trichomonads or monilia were found.

A repeat examination on April 20, 1961, showed urethral and cervical smears still negative, but *Trichomonas vaginalis* was found in the vaginal secretion, and she was given Flagyl 200 mg. three times a day for 7 days. Cultures from both urethra and cervix on April 20 grew Gram-negative oxidase-positive diplococci, which were assumed to be gonococci, and one injection of procaine penicillin 600,000 units was given on April 24.

On April 25 urethral and cervical smears were negative but cultures from cervix and urethra again grew Gram-negative oxidase-positive diplococci. No further penicillin or other antibiotics were given on receipt of these results. Sugar fermentations had not been done on either of the previous "positive" cultures. Further cultures were, therefore, taken on April 29, one set (from cervix and urethra) being sent to the hospital laboratory, and one to the V.D. Reference Laboratory, with requests for fermentation studies. These cultures and all subsequent ones (five in all) have failed to grow anything but *Staphylococcus albus* and *E. coli*.

The patient's husband, who attended the clinic on April 21, also denied extramarital sexual intercourse. He had no urethral discharge, his two-glass urine test was clear in both glasses, and two early morning urethral smears failed to reveal any pus cells. His prostatic fluid showed no excess of pus cells, and on culture produced no growth. However, further questioning elicited the fact that he was in the habit of lubricating his penis with his own saliva, before sexual intercourse. Culture of his saliva produced a profuse growth of *N. catarrhalis*—Gram-negative oxidase-positive diplococci which did not ferment any of the sugars.

### Summary and Conclusions

There was no certainty that the organisms grown from the patient's cervix and urethra were in fact *N. catarrhalis*, but they were considered unlikely to have been gonococci for three reasons:

(a) Their reappearance in culture 24 hours after penicillin in a usually adequate dosage;

(b) Their subsequent disappearance without further antibiotic therapy;

(c) The complete absence of any evidence of gonorrhoea in the patient's husband.

That the organisms may well have been *N. catarrhalis* is suggested by the fact that the patient's husband was in the habit of lubricating his penis before intercourse with his own saliva which was teeming with *N. catarrhalis*.

In any case of genital infection with *Neisseria* other than the gonococcus, it is worth asking about the possibility of contamination with oral organisms, and investigating the mouth of the sex contact bacteriologically.

### REFERENCE

Fluker, J. L. (1961), *Brit. J. vener. Dis.*, 37, 280.

### Une femme et son mari infectés par *Neisseria catarrhalis*

#### RÉSUMÉ

Il n'était pas absolument certain que les organismes cultivés du col de l'utérus et de l'urètre d'une femme étaient en effet *N. catarrhalis*, mais on ne croyait pas qu'il s'agissait de *N. gonorrhoeae* pour trois raisons:

(a) Ils reparurent 24 heures après l'administration d'une dose de pénicilline qui suffit ordinairement à guérir la gonorrhée.

(b) Ils disparurent ensuite sans autre thérapie antibiotique.

(c) Le mari de la malade n'avait aucun symptôme de blennorragie.

La probabilité que les organismes étaient en effet *N. catarrhalis* est suggérée par le fait que le mari avait l'habitude de lubrifier son pénis avec sa propre salive qui fourmillait de *N. catarrhalis*.

En tout cas d'infection génitale par *Neisseria* non-gonococcique, il vaut la peine d'examiner la bouche du partenaire sexuel afin d'étudier la possibilité d'infection par les organismes oraux.

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